

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5643AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/25/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUDY'S HOME LIVING 4 - RESORT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6130 EISNER DRIVE LAS VEGAS, NV 89131</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/24/10 through 6/25/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, Category I and II residents. The census at the time of the survey was six. Six resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed. The facility received the grade of A.  The following deficiencies were identified:	Y 000			
Y 072 SS=D	449.196(3) Qualifications of Caregiver-Med Training  NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training	Y 072			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 106	Continued From page 2	Y 106		
Y 106 SS=D	<p>449.200(2)(a) Personnel File - 1st aid &amp; CPR</p> <p>NAC 449.200</p> <p>2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/24/10 through 6/25/10, the facility failed to provide evidence that 1 of 5 caregivers was trained in cardiopulmonary resuscitation (CPR) (Employee #2).</p> <p>Severity: 2 Scope: 1</p>	Y 106		

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